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Effective on 12/08/2004.  Separate of the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
Does pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 1		10/038,891-Conf. #8813		
FEE TRANSMITTAL						January 2, 2002		
For FY 2005					Jeffrey Borenstein			
			Examiner Name D. M. Naff					
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1651					
TOTAL AMOUNT OF PAYMENT (\$) 455.00			Attorney Docket No. 62030(51588)					
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards & Angell, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCUI	LATION							
1. BASIC FILIN	G, SEARCH, AND E	XAMINATION FE						
	FI	LING FEES	SE	ARCH FEES	EXAM	NATION FEES		
Application T	ype Fee (\$	Small Entity ) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		_
Provisional	200	100	0	0	0	0		
2. EXCESS CL	AIM FEES							Small Entity
Fee Description Fee (\$)								
Each claim over	r 20 (including Reiss	ues)				50	25	
Each independe	ent claim over 3 (incl	uding Reissues)					200	100
Multiple depend	dent claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee F	aid (\$) Multiple Dependent Claims				
			Fee (\$) Fee Paid (\$			!		
Indep. Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)				_
	- 3 =	= _						
3. APPLICATIO		1100 1 .	c			C1 1	4.	
•	ation and drawings ex der 37 CFR 1.52(e)),			•	-	-	-	
sheets or fr	action thereof. See 3	5 U.S.C. 41(a)(1)	(G) and	37 CFR 1.16(s).	or sindir	citity) for each ac	antional 50	
Total Sheet				dditional 50 or frac	ction there	eof Fee (\$)	Fee P	'aid (\$)
	100 =	/50		(round up to a who	ole number	) x =	-	
4. OTHER FEE(S)  Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 2251 Extension for response within first month 60.00								
Other (e.g., late filing surcharge): 2251 Extension for response within first mont 2801 Request for continued examination (RC								
SUBMITTED BY								
Signature	1/2 445	hereke		Registration No.	47,739	) Telephone	(203) 975	i-7505
Name (Print/Type)	Amy M. Leally	num		(Attorney/Agent)		Date	August 1	
(r into type)	Alliy W. Leavy						August I	, 2000

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Dated: August 1, 2005	Signature: Deliuse (Denise Kacinski)						